



Arkansas Secretary of State

Mark Martin

State Capitol • Little Rock, Arkansas 72201-1094
501-682-3409 • www.sos.arkansas.gov

Business & Commercial Services, 1401 W. Capitol, Suite 250, Little Rock, AR

APPLICATION FOR NOTARY PUBLIC

Check one: ☐ New ☐ Renewal (Print Commission Number): _____

Return the following materials to the Arkansas Secretary of State:

- **Completed Application:** Please write your name each time exactly as it appears on your bond. Affidavit must be completed by notary or other authorized official other than yourself.
- **\$20.00 Application Fee:** Check or money order made payable to the Arkansas Secretary of State.
- **Copy of Surety Bond or Contract:** A \$7,500 bond may be purchased from a bond or insurance company of your choice authorized to do business in Arkansas. Enclose a copy of the bond, not the application for the bond.

Applicant's Name (Print or type name as it appears on your bond): _____

Residential Address:

Physical Address (No Post Office Box): _____

City: _____ State: _____ Zip: _____ County: _____

Email: _____ Phone: _____

Mailing Address if different from above residential address:

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Employer's Address if above residential address is out of state:

Physical Address (No Post Office Box): _____

City: _____ State: _____ Zip: _____ County: _____

Please verify the following by checking the boxes below:

- ☐ I am eighteen (18) years of age or older.
- ☐ I am a bona fide citizen of the United States or a permanent resident alien (if resident alien, recorded Declaration of Domicile is attached).
- ☐ I am a legal resident of Arkansas or of an adjoining state and employed in Arkansas.
- ☐ I am able to read and write English.
- ☐ I have not had my commission as a notary revoked during the past ten (10) years.
- ☐ I have never been convicted of a felony.
- ☐ I have reviewed the law concerning notaries public and understand the duties of a notary public.

AFFIDAVIT

I, the undersigned, being first duly sworn, respectfully make application as an Arkansas notary public for a commission of ten (10) years and further state under oath that the information contained in this application is true and correct.

Signature (as it appears on your bond)

Date

State of Arkansas, County of _____

On this the _____ day of _____, 20_____, before me, _____, the undersigned notary, personally appeared _____ known to me (satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand and official seal.

[Notary Seal]

Notary Public: _____

My commission expires: _____